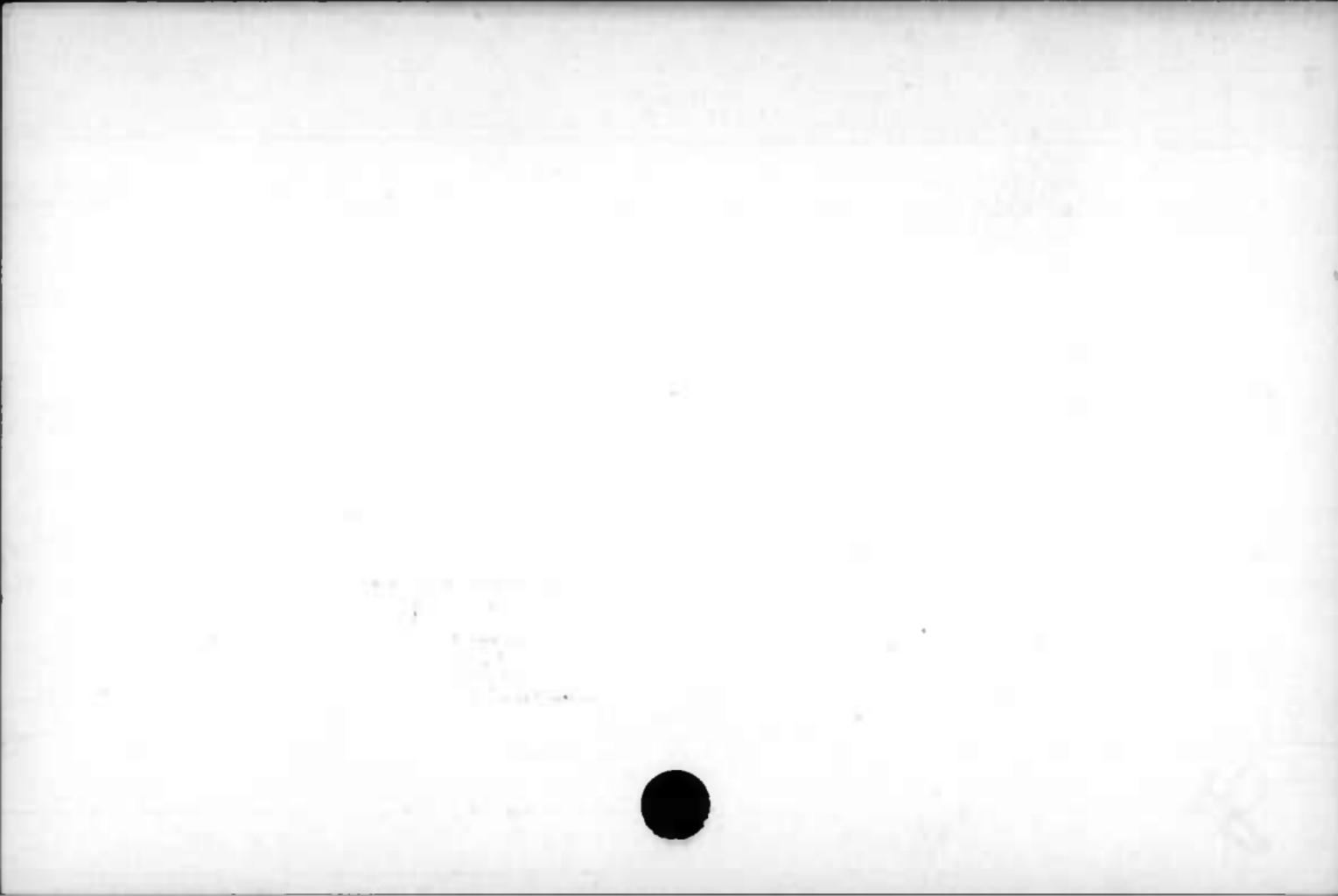


Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

| James Beauchamp  |                             |                         |   |     |                       | CERTIFICATE OF DEATH    |          |        |   |      |  |
|--|-----------------------------|-------------------------|---|-----|-----------------------|-------------------------|----------|--------|---|------|--|
| Died at  |                             | Town                    | Concord                                 |     | County                | Maryland                |          |        |   |      |  |
| Date of death  | 1907                        | Month                   | July                                    | Day | 29                    | Years                   | 73       | Months | 9 | Days |  |
| Sex  | Male                        | Color or Race           | White                                   |     | Birth-place           | Maryland                |          |        |   |      |  |
| Occupation   | Farmer                      |                         | Where Residing if not at place of death |     |                       | Concord, Md             |          |        |   |      |  |
| Married, Single or Widowed   | Married                     | Name of Wife or Husband | Rebecca Ann Lockerman                   |     | Father's Birthplace   | Maryland                |          |        |   |      |  |
| Father's Name  | Thomas Beauchamp            |                         |   |     |                       | Mother's Birthplace     | Maryland |        |   |      |  |
| Mother's Maiden Name   | Sarah Wooler                |                         |   |     |                       | How related to deceased | Brother  |        |   |      |  |
| Name of person giving Information                                    | William Beauchamp           |                         |   |     |                       | How long                | 2 Weeks  |        |   |      |  |
| CAUSES OF DEATH  |                             |                         |   |     |                       |                         |          |        |   |      |  |
| Primary  | Heart disease & Drunkenness |                         |   |     |                       |                         |          |        |   |      |  |
| Immediate  | Heart failure               |                         |   |     |                       |                         |          |        |   |      |  |
| Are the name, age, sex, color, date and place correctly given above? |                             | Yes                     | Signature of Physician                  |     | Ernoch George         |                         |          |        |   |      |  |
|  |                             |                         | Address                                 |     | Porter Concord County |                         |          |        |   |      |  |
| Accident or Suicide?   |                             |                         |   |     | Maryland              |                         |          |        |   |      |  |



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

James Bowman

Town

County

Died at  
Near Federalsburg

Caroline

MARYLAND

Date

Month

Day

Years

of death 1904

1

21

14

Months

Days

Age

Birth-

Sex

Male

Color or  
Race

White

place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Adopted Child of Mrs. M. White

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

9/3

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

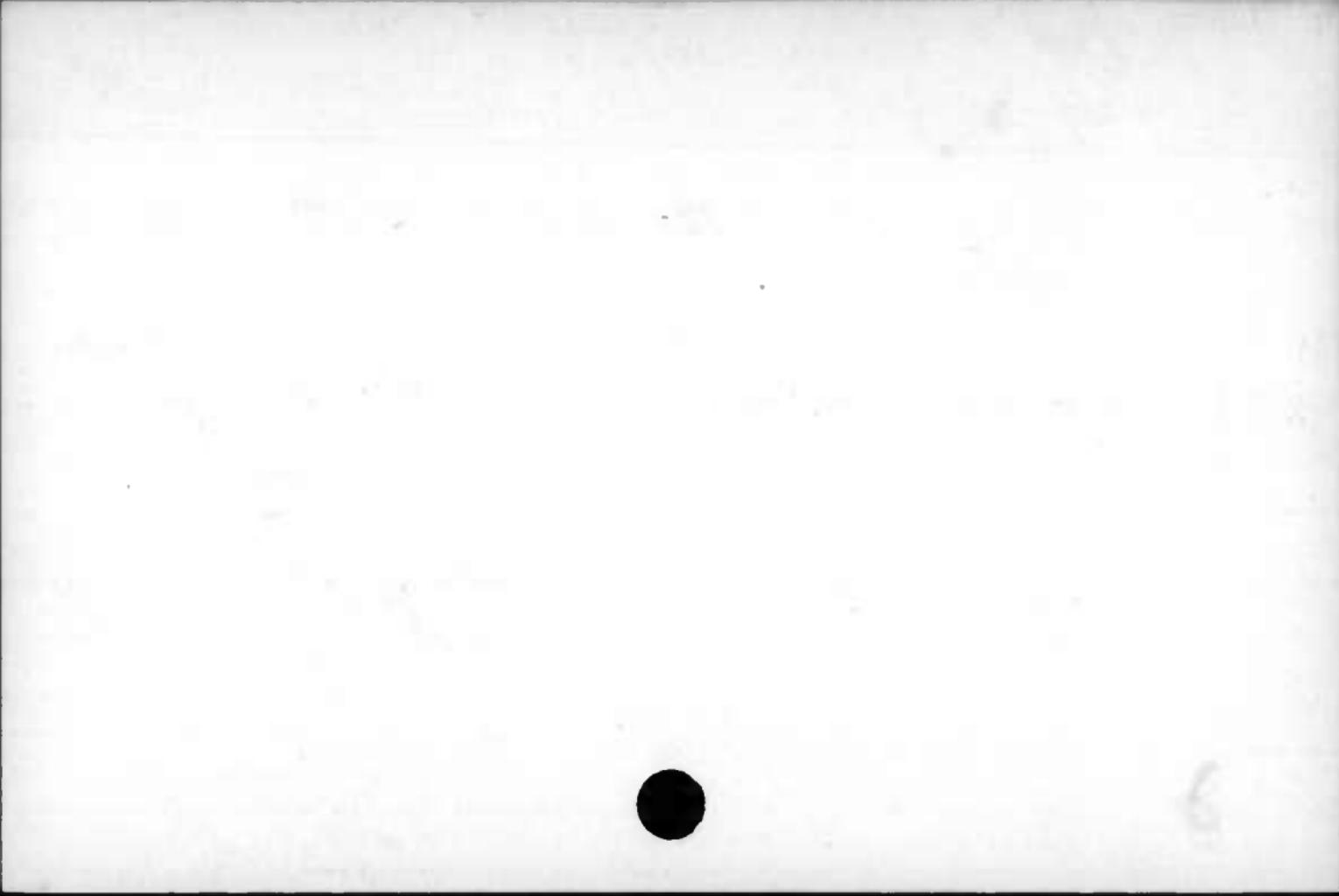
Signature of  
Physician

Address

J

Geo. F. Galloway  
Federalsburg Md

Accident or Suicide?



Name  
in  
Full

Williams Vance Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |               |                                       |       |          |      |  |
|--|---|---------------|---------------------------------------|-------|----------|------|--|
| Died at <u>Near Preston</u>                                |   | Town          | County <u>Caroline</u>                |       | MARYLAND |      |  |
| Date of death <u>1907</u>                                  | Month <u>Jan</u>  | Day <u>14</u> | Age <u>53</u>                         | Years | Months   | Days |  |
| Sex <u>male</u>  | Color or Race <u>Black</u>                                      |               | Birth-place <u>Maryland</u>           |       |          |      |  |
| Occupation <u>Laborer</u>                                  | Where Residing if not at place of death <u>Ballie Dickinson</u> |               |                                       |       |          |      |  |
| Married, Single or Widowed <u>married</u>                  | Name of Wife or Husband <u>Ballie Dickinson</u>                 |               | Father's Birthplace <u>Don't know</u> |       |          |      |  |
| Father's Name <u>Don't know</u>                            |   |               | Mother's Birthplace <u>England</u>    |       |          |      |  |
| Mother's Maiden Name <u>Margaret Butler</u>                |   |               | How related to deceased <u>now</u>    |       |          |      |  |
| Name of person giving Information <u>William H. Hollis</u> |   |               |                                       |       |          |      |  |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Bright's Disease  3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. A. Hobler  
Preston  
Md.

Accident or Suicide?



Name  
in  
Full

Alice Cheezum

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |   |                       |                       |                 |      |
|---|---|-----------------------|-----------------------|-----------------|------|
| Died at <u>near Boston</u> Town                           |   |                       | County <u>Concord</u> |                 |      |
| Date of death <u>1907</u>                                 | Month <u>1st</u>                        | Day <u>30</u>         | Years <u>7</u>        | Months <u>3</u> | Days |
| Sex <u>Female</u>   | Color or Race <u>White</u>              | Birth-place <u>Md</u> |                       |                 |      |
| Occupation <u>Schoolgirl</u>                              | Where Residing if not at place of death |                       |                       |                 |      |
| Married, Single or Widowed <u>Single</u>                  | Name of Wife or Husband <u>None</u>     |                       |                       |                 |      |
| Father's Name <u>Jas E Cheezum</u>                        | Father's Birthplace <u>Md</u>           |                       |                       |                 |      |
| Mother's Maiden Name <u>Augie</u>                         | Mother's Birthplace <u>Md</u>           |                       |                       |                 |      |
| Name of person giving Information <u>Walker E Cheezum</u> | How related to deceased <u>Father</u>   |                       |                       |                 |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

19 days

Immediate

Diphtheria

How long

28 hours

Are the name, age, sex, color, date and place correctly given above?

YES

Signature of Physician

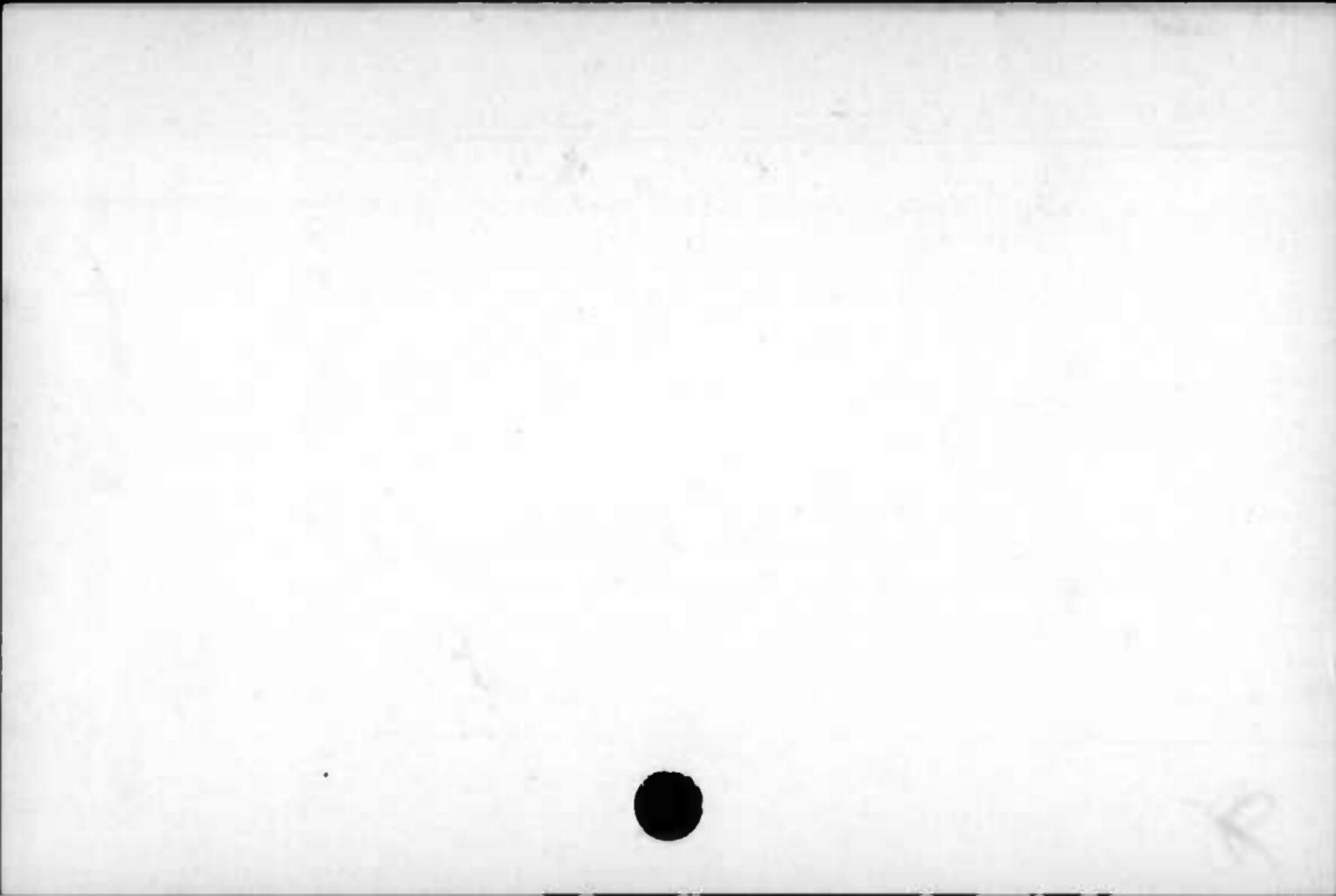
Address

9

Hughard Davort  
Boston

Accident or Suicide?

8



Reynolds Young Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                         |                    |  |             |           |  |
|---|---|-------------------------|--------------------|--|-------------|-----------|--|
| Died at   |   | Town<br>Accident        | County<br>Caroline |  | MARYLAND    |           |  |
| Date<br>of death  | Month<br>Jan  | Day<br>13 <sup>th</sup> | Age<br>71.         | Years<br>71.                           | Months<br>6 | Days<br>~ |  |
| Sex<br>Male   | Color or<br>Race<br>White                                 |                         |                    | Birth-<br>place<br>Mayland             |             |           |  |
| Occupation<br>Farmer                                      | Where Residing if not<br>at place of death<br>Willsbut Md |                         |                    |  |             |           |  |
| Married, Single<br>or Widowed<br>Widower                  | Name of Wife or<br>Husband<br>Lydia Wheeler               |                         |                    |  |             |           |  |
| Father's<br>Name<br>Abraham Collins                       |   |                         |                    | Father's<br>Birthplace<br>Mayland      |             |           |  |
| Mother's<br>Maiden Name<br>Hellyon Young                  |   |                         |                    | Mother's<br>Birthplace<br>Mayland      |             |           |  |
| Name of person giving<br>Information<br>Mrs Alice Mayland |   |                         |                    | How related<br>to deceased<br>Daughter |             |           |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary  
ParalysesImmediate  
ExsanguinationAre the name, age, sex, color, date  
and place correctly given above?

74

Signature of  
Physician

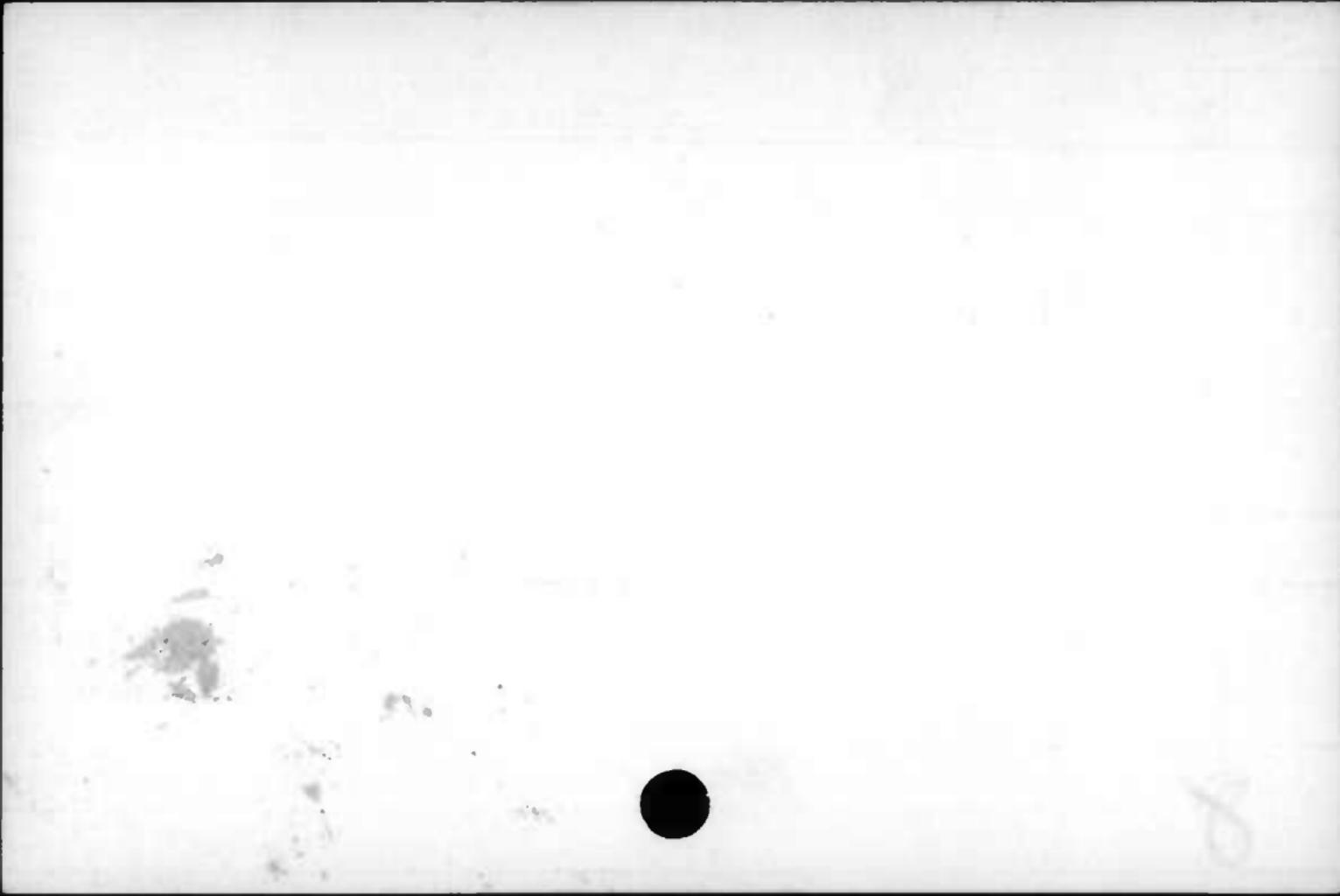
Address

Crouch Young Md  
Denton Circle Conley  
Mayland

8

Accident or Suicide?





Name  
in  
Full

Lucelle Dulce

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |              |                         |              |                 |                |
|--|--|--------------|-------------------------|--------------|-----------------|----------------|
| Died at <u>Town</u> <u>Near Preston</u>            |  |              | County <u>Carslisle</u> |              | MARYLAND        |                |
| Date of death <u>1907</u>                          | Month <u>1</u>                                   | Day <u>3</u> | Years <u>6</u>          | Age <u>6</u> | Months <u>7</u> | Days <u>30</u> |
| Sex <u>Female</u>                                  | Color or Race <u>W</u>                           |              | Birthplace <u>Md</u>    |              |                 |                |
| Occupation <u>Schoolgirl</u>                       | Where Residing if not at place of death <u>✓</u> |              |                         |              |                 |                |
| Married, Single or Widowed <u>—</u>                | Name of Wife or Husband <u>—</u>                 |              |                         |              |                 |                |
| Father's Name <u>W R Dulce</u>                     | Father's Birthplace <u>Md</u>                    |              |                         |              |                 |                |
| Mother's Maiden Name <u>Cora Cheezum</u>           | Mother's Birthplace <u>Md</u>                    |              |                         |              |                 |                |
| Name of person giving information <u>W R Dulce</u> | How related to deceased <u>Father</u>            |              |                         |              |                 |                |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sporotrichic Croup

How long

Surand Dr

Immediate

Mucous Croup

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

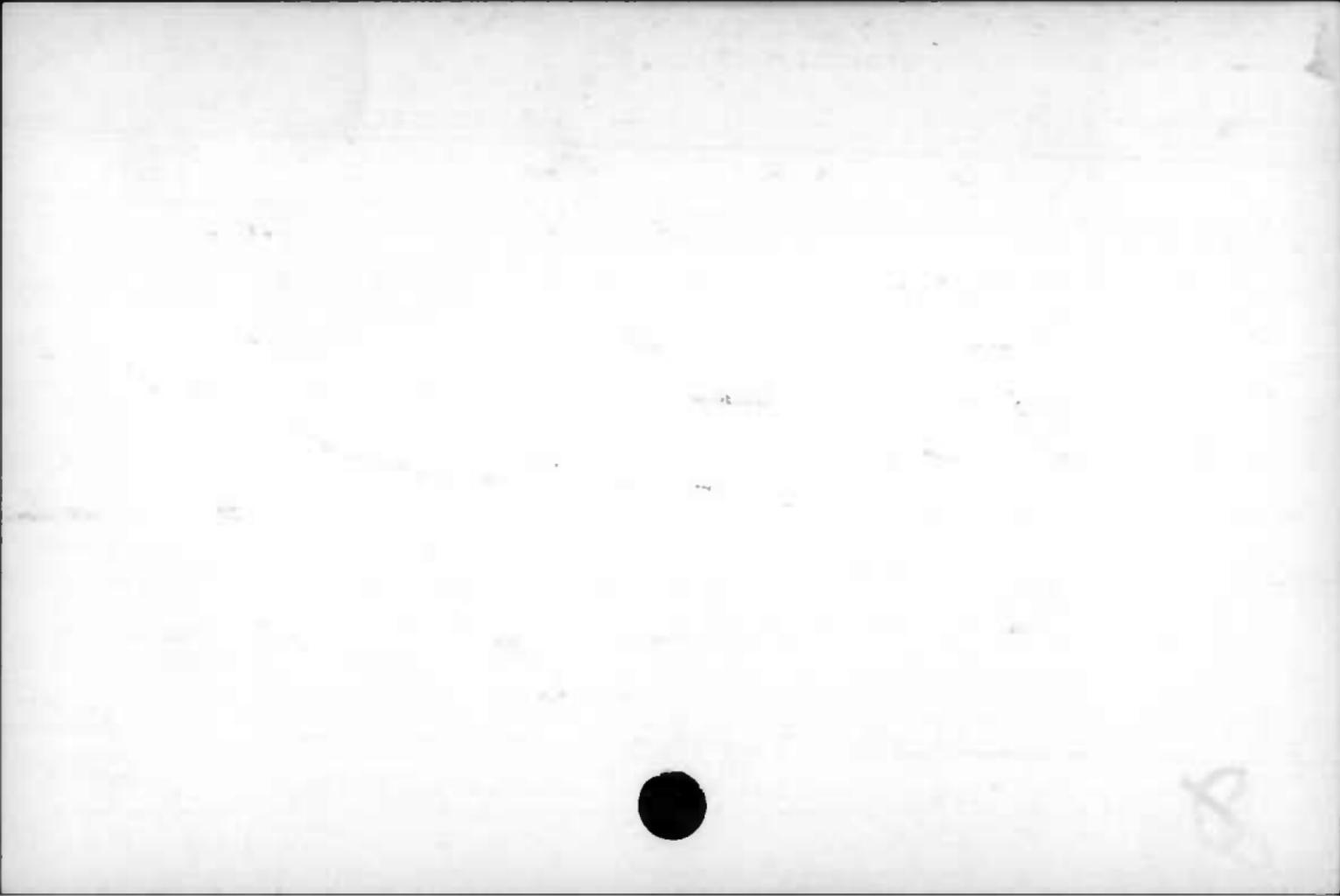
Signature of Physician

Address

Raymond Dawson

8

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Sarah F. Edmunds

CERTIFICATE OF DEATH

|  |   |             |          |        |      |
|--|---|-------------|----------|--------|------|
| Died at                                  | Town                                    | County      | MARYLAND |        |      |
| Died at                                  | Wenton                                  | Caroline    |          |        |      |
| Date of death                            | Month                                   | Day         | Years    | Months | Days |
| 1907                                     | 1                                       | 24          | 85       | 1      | -    |
| Sex                                      | Color or Race                           | Birth-place |          |        |      |
| Female                                   | White                                   | Pa.         |          |        |      |
| Occupation                               | Where Residing if not at place of death |             |          |        |      |
| Housewife Penn                           |   |             |          |        |      |
| Married, Single or Widowed               | Name of Wife or Husband                 |             |          |        |      |
| Married                                  | Edmund                                  | Anna Edmund |          |        |      |
| Father's Name                            | Thomas Daam                             |             |          |        |      |
| Mother's Maiden Name                     | Sarah Ferry                             |             |          |        |      |
| Name of person giving Information        | Rose F. Shively                         |             |          |        |      |
| How related to deceased<br>Granddaughter |   |             |          |        |      |

CAUSES OF DEATH

Primary

Heart disease

109

How long

10 weeks

Immediate

Penn

How long

-

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

P.R. Fisher

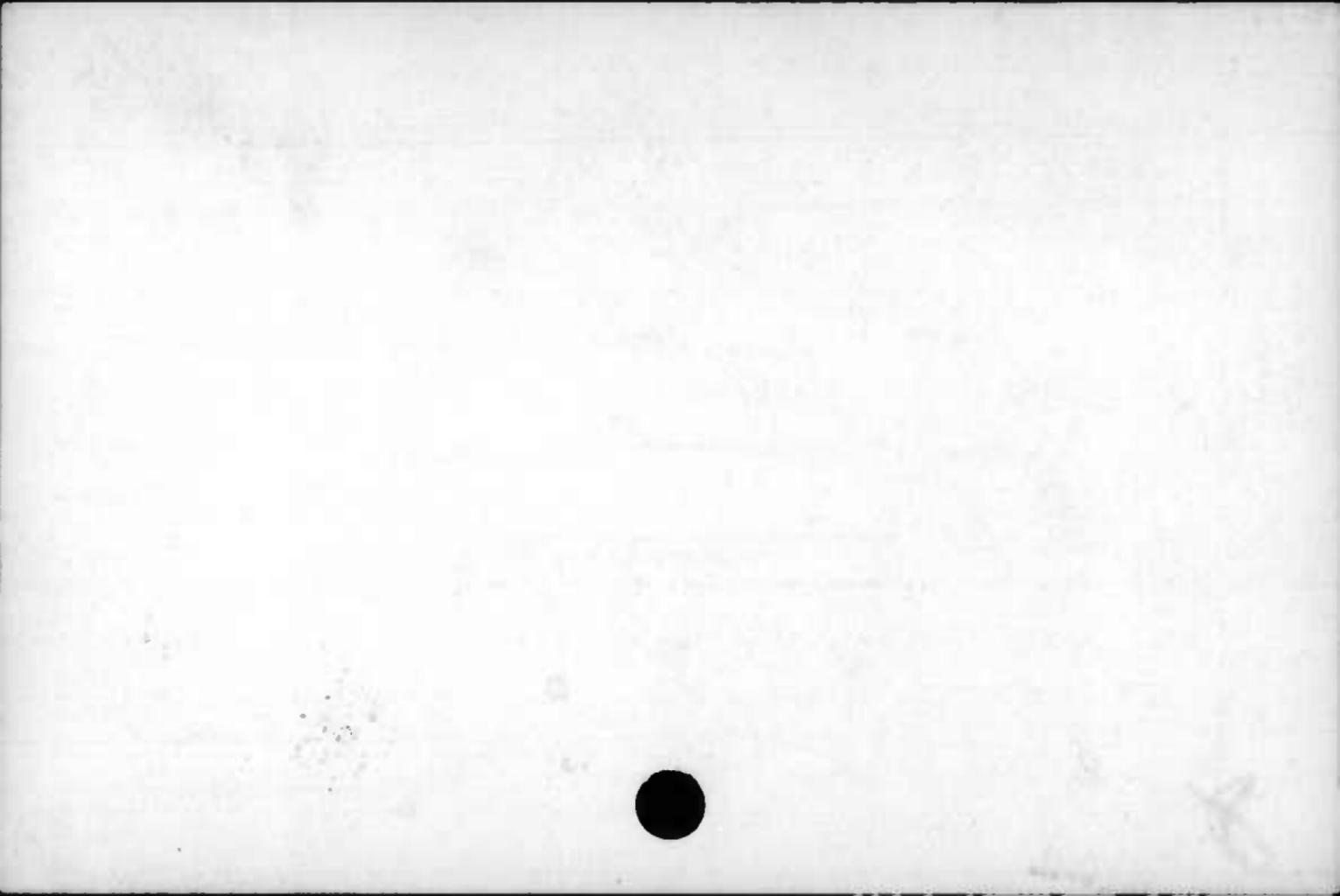
Address

Wenton

PHYSICIAN  
OR CORONER

8

Accident or Suicide?



Name  
in  
Full

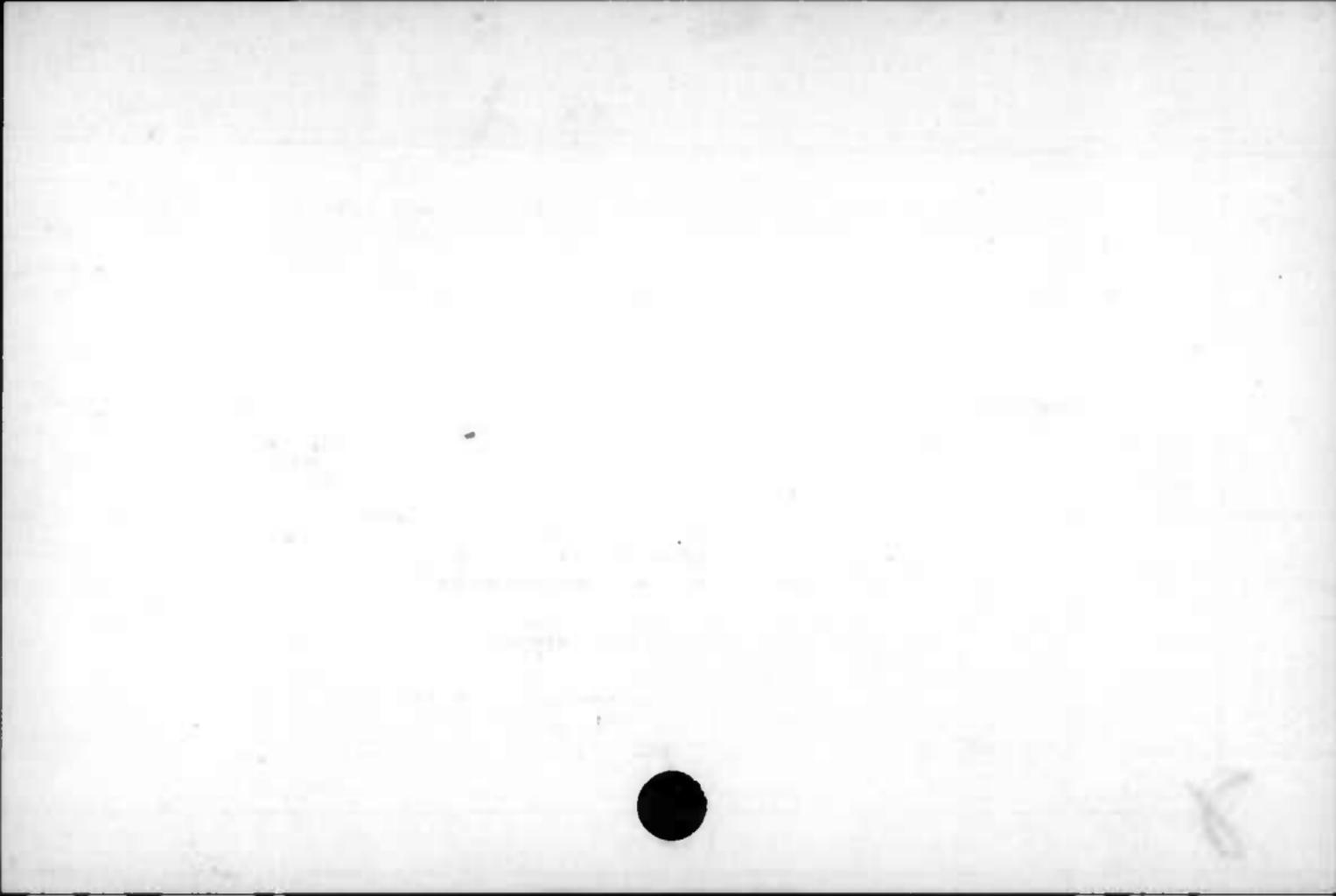
Quabie Galena Gibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|  |  |  |                        |                                    |                                       |
|--|--|--|------------------------|------------------------------------|---------------------------------------|
| Died at <u>Ridgely</u>   |  | Town   | County <u>Caroline</u> | MARYLAND                           |                                       |
| Date <u>Jan 20</u>   | Month <u>Jan</u>                                   | Day <u>21</u>  | Age <u>Two</u>         | Years                              | Months _____ Days _____               |
| Sex <u>female</u>  | Color or Race <u>colored</u>                       | Birth-place <u>Ridgely</u>                             |                        |                                    |                                       |
| Occupation _____   |  | Where Residing if not at place of death <u>Ridgely</u> |                        |                                    |                                       |
| Married, Single or Widowed <u>X</u>                                  | Name of Wife or Husband <u>Delia Gibbs Ridgely</u> | Father's Name <u>Thos Aaron Gibbs</u>                  |                        |                                    |                                       |
| Father's Birthplace <u>Ridgely</u>                                   |  |  |                        | Mother's Birthplace <u>Ridgely</u> |                                       |
| Mother's Maiden Name <u>Gwendolyn Gibbs Murray</u>                   | Name of person giving information                  |  |                        |                                    | How related to deceased <u>Mother</u> |
| CAUSES OF DEATH  |  |  |                        |                                    |                                       |
| Primary <u>burned</u>  | 167  |  |                        | How long <u>4 hrs</u>              |                                       |
| Immediate _____  |  |  |                        | How long _____                     |                                       |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician <u>Geo or John T. Jones</u>     |                        | Address <u>Understated</u>         |                                       |
| X<br>Accident or Suicide?  |  |  |                        | <u>Ridgely, Md.</u>                |                                       |



Name  
in  
Full

Alfred Gross (a. G. Gross),

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                 |                         |               |   |                     |         |
|-----------------------------------|-----------------|-------------------------|---------------|---|---------------------|---------|
| Died at                           |                 | Town                    | County        |   | MARYLAND            |         |
| Date of death                     | 1907            | Month 1                 | Day 6         | Years 63                                | Months              | Days    |
| Sex                               | Male            | Color or Race           | White         | Birth-place                             | Pennsylvania        |         |
| Occupation                        | School Teacher. |                         |               | Where Residing if not at place of death |                     |         |
| Married, Single or Widowed        | Morris          | Name of Wife or Husband | Sallie, Elsie |   | Father's Birthplace | Unknown |
| Father's Name                     | Unknown         |                         |               | Mother's Birthplace                     |                     | Unknown |
| Mother's Maiden Name              | Unknown         |                         |               | How related to deceased                 |                     | Unknown |
| Name of person giving information |                 |                         |               |   |                     |         |

CAUSES OF DEATH

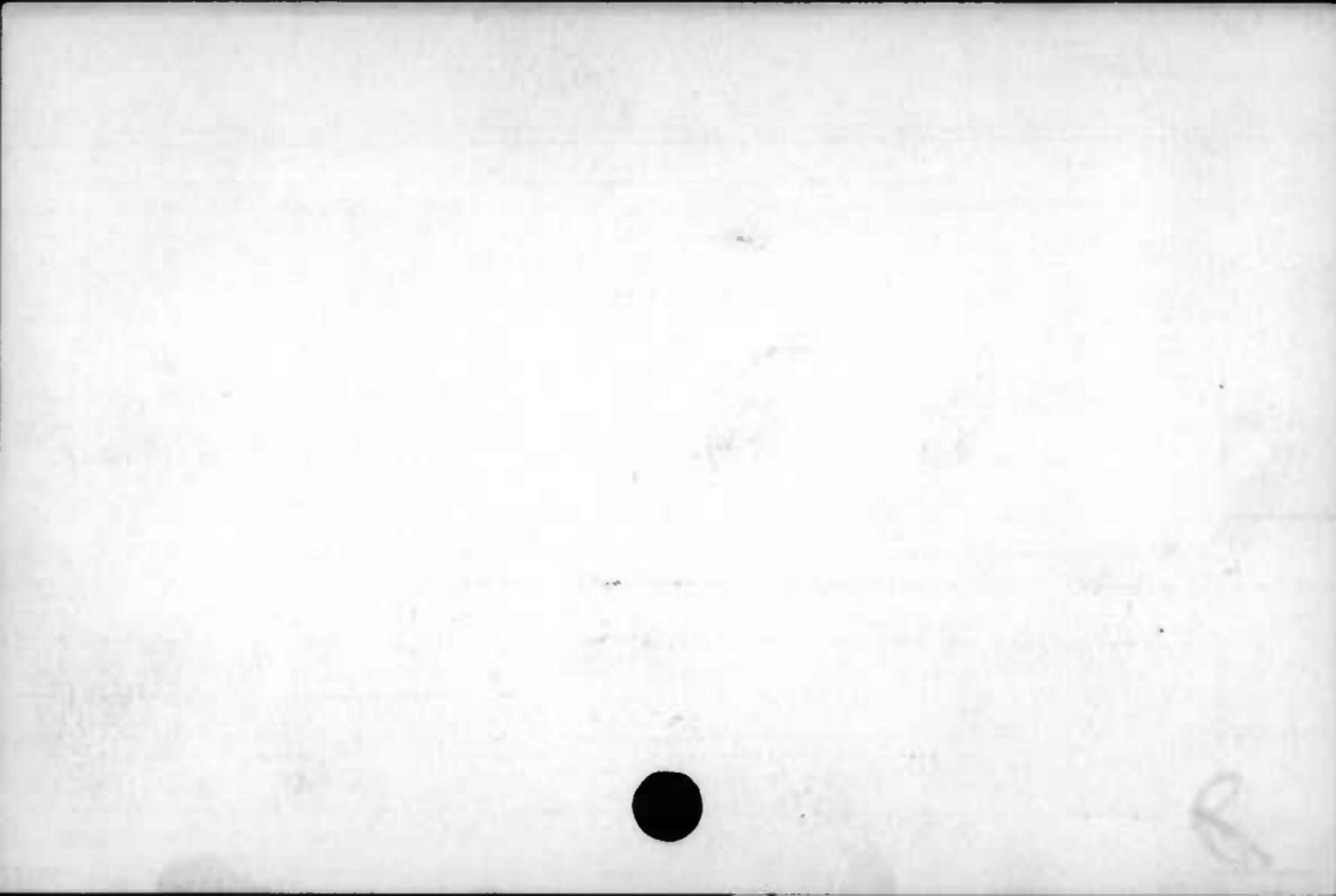
|  |               |          |
|--|---------------|----------|
| Primary  | Tuberculosis. |          |
| Immediate  | Exhaustion    |          |
| Are the name, age, sex, color, date and place correctly given above? |               | How long |
| Signature of Physician   |               | How long |
| Address  |               |          |
| Accident or Suicide?   |               |          |

PHYSICIAN OR CORONER

J. W. Nichols MD  
Drum MD

8

LIBRARY BUREAU 488516



Name  
in  
Full

Charlie B. Henry

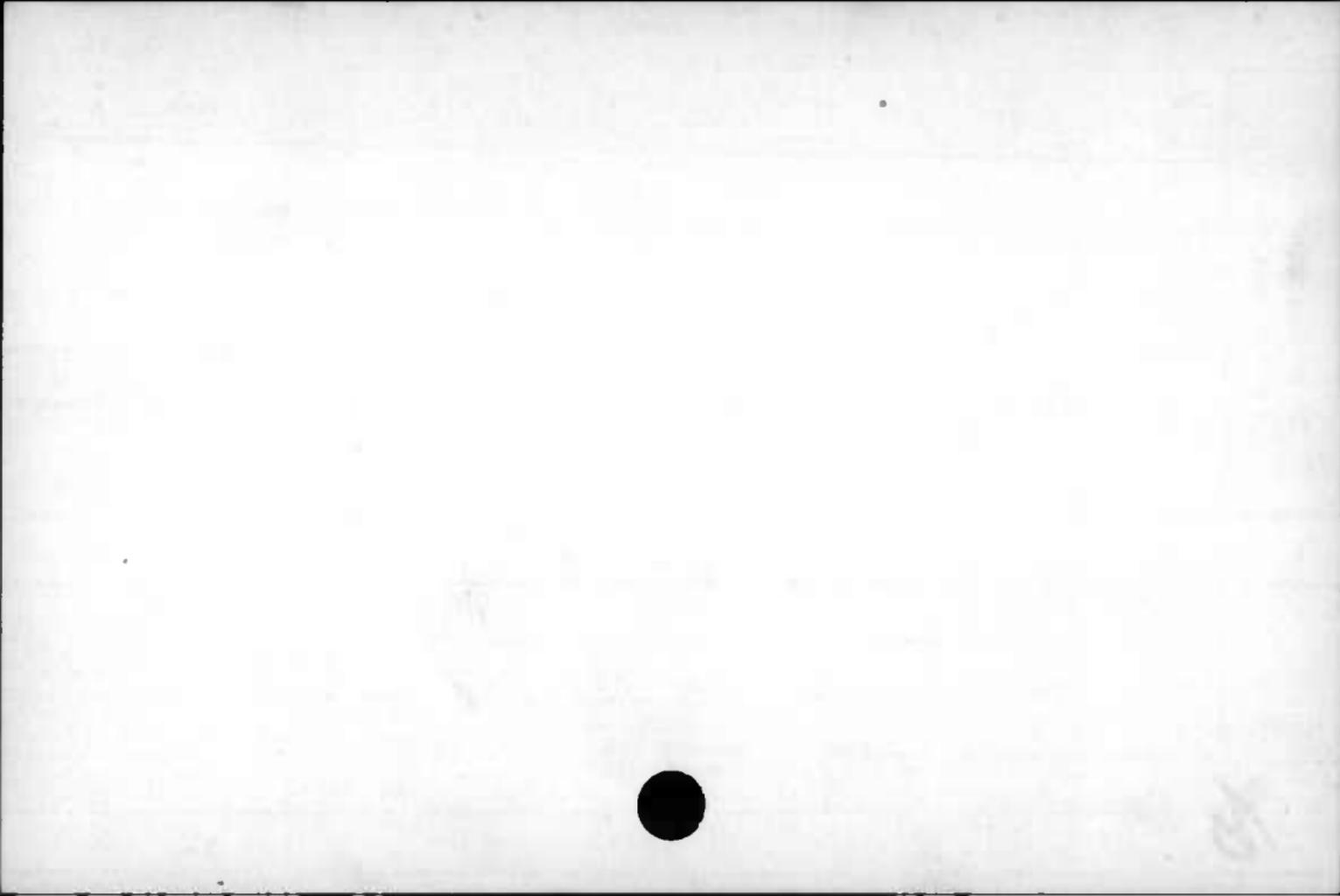
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |                         |         |      |
|-----------------------------------|---|--------|-------------------------|---------|------|
| Died at                           | Town                                    | County | MARYLAND                |         |      |
| Date of death                     | Month                                   | Day    | Years                   | Months  | Days |
| Sex                               | Color or Race                           | Age    | Birth-place             |         |      |
| Occupation                        | Where Residing if not at place of death |        |                         |         |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |                         |         |      |
| Father's Name                     | Sasbury Henry                           |        | Father's Birthplace     | Ridgely |      |
| Mother's Maiden Name              | Grace R Matthews                        |        | Mother's Birthplace     | Drayton |      |
| Name of person giving Information | Sasbury Henry                           |        | How related to deceased | father  |      |

CAUSES OF DEATH

|  |      |                        |                   |        |
|--|------|------------------------|-------------------|--------|
| Primary  | Colo | 87                     | How long          | 2 days |
| Immediate  |      |                        | How long          |        |
| Are the name, age, sex, color, date and place correctly given above? | yes  | Signature of Physician | J. C. Madara M.D. |        |
|  |      | Address                | Ridgely Md.       |        |
| Accident or Suicide?   |      |                        |                   |        |



Name  
in  
Full

Alcade, Kenney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

|                                   |             |                         |   |                  |          |          |    |
|-----------------------------------|-------------|-------------------------|---|------------------|----------|----------|----|
| Died at                           |             | Town                    |   | County           |          | MARYLAND |    |
| Date of death                     | 1907        | Month                   | January                                 | Day              | 6        | Years    | 45 |
| Sex                               | Male        | Color or Race           | White                                   | Birth-place      | Maryland |          |    |
| Occupation                        | Barber      |                         | Where Residing if not at place of death |                  | " "      |          |    |
| Married, Single or Widowed        | Married     | Name of Wife or Husband |   | Elizabeth Marole |          |          |    |
| Father's Name                     | Levi Romney |                         | Father's Birthplace                     |                  | Maryland |          |    |
| Mother's Maiden Name              | Mary Hale   |                         | Mother's Birthplace                     |                  | " "      |          |    |
| Name of person giving Information | J. S. Cope  |                         | How related to deceased                 |                  | Widower  |          |    |

## CAUSES OF DEATH

## PHYSICIAN COBONED

1

### Primary

Brights

TH

How long

### Immediate

Getebre Hemmrap

How long

Are the name, age, sex, color, date and place correctly given above?

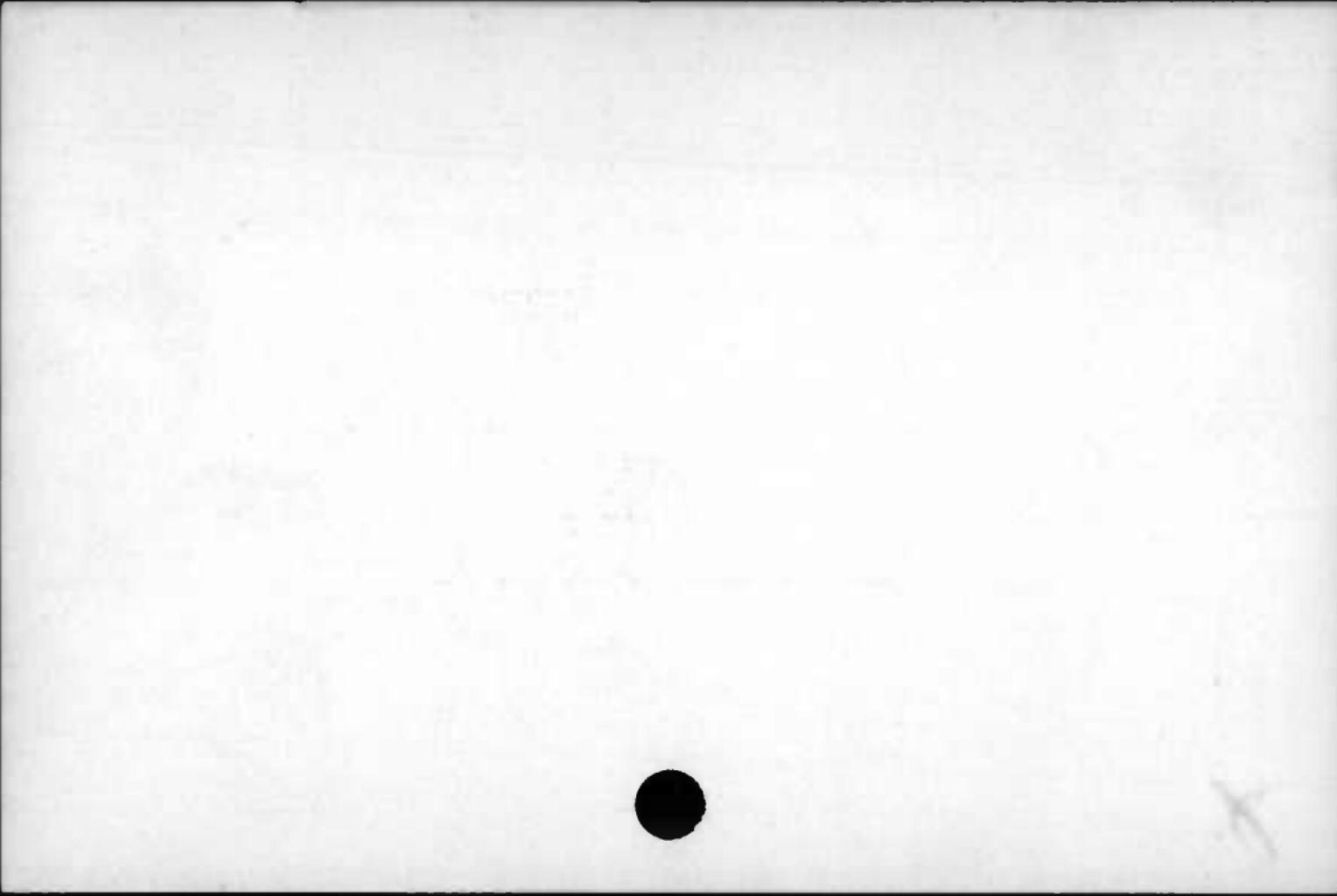
44

Signature of  
Physician

## Address

How long  
Pooch Geng M.D.  
Denton Corke County  
Md

## Accident or Suicide?



Name  
in  
Full

Roy Yarkis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |             |          |        |      |
|-----------------------------------|---|-------------|----------|--------|------|
| Died at                           | Town                                    | County      | MARYLAND |        |      |
| Date of death                     | Month                                   | Day         | Years    | Months | Days |
| Sex                               | Color or Race                           | Birth-place |          |        |      |
| Occupation                        | Where Residing if not at place of death |             |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |             |          |        |      |
| Father's Name                     | Father's Birthplace                     |             |          |        |      |
| Mother's Maiden Name              | Mother's Birthplace                     |             |          |        |      |
| Name of person giving information | How related to deceased                 |             |          |        |      |

1907 1 17 14 - - Pa.

worker white Pa.

Student -

Married, Single or Widowed

Name of Wife or Husband

Joe. Yarkis

Father's Name

Mother's Maiden Name

Minnie Yarkis

Minnie Yarkis

Name of person giving information

How related to deceased

Daughter

CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary

meningitis

How long

2 mrs.

Immediate

Card. on brain

How long

-

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Mr. F. Galloway

Federal City

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |              |                       |                               |                       |      |
|-----------------------------------|---|--------------|-----------------------|-------------------------------|-----------------------|------|
| Died at <u>Forest</u>             |   | Town         | County <u>Carroll</u> |                               | MARYLAND              |      |
| Date of death <u>1907</u>         | Month <u>1</u>                          | Day <u>4</u> | Age                   | Years                         | Months                | Days |
| Sex <u>None</u>                   | Color or Race <u>W</u>                  |              |                       |                               | Birth-place <u>MD</u> |      |
| Occupation                        | Where Residing if not at place of death |              |                       |                               |                       |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |              |                       |                               |                       |      |
| Father's Name <u>Fred Ford</u>    |   |              |                       | Father's Birthplace <u>MD</u> |                       |      |
| Mother's Maiden Name <u>Tower</u> |   |              |                       | Mother's Birthplace <u>MD</u> |                       |      |
| Name of person giving information |   |              |                       | How related to deceased       |                       |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Borned C.

How long

Immediate

How long

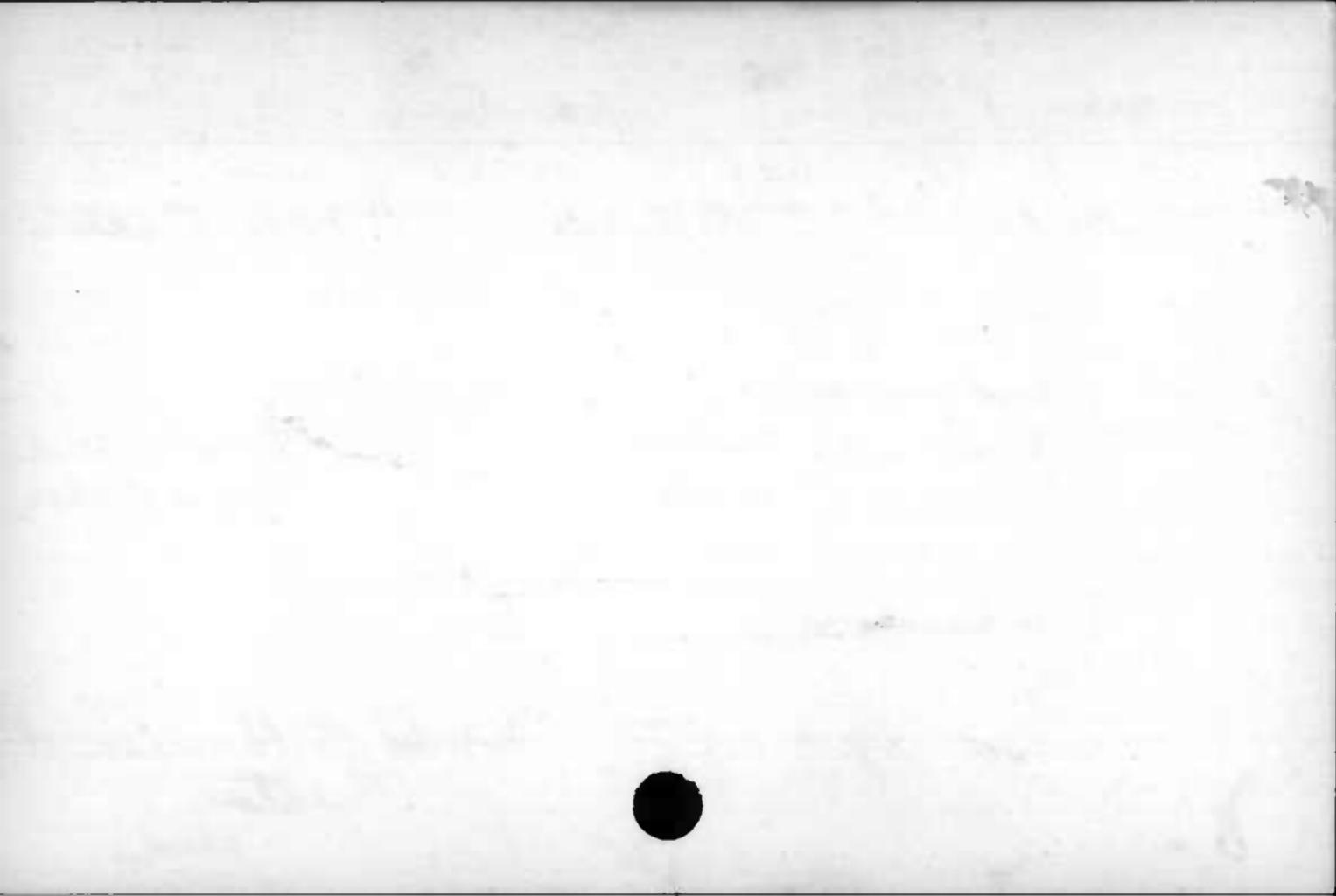
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Raymond Downes

Accident or Suicide?



Name  
in  
Full

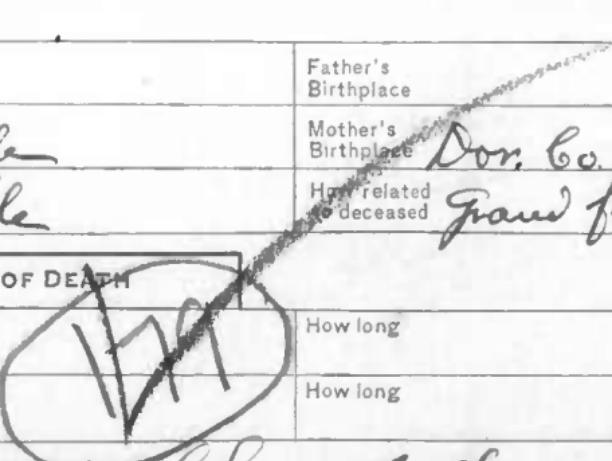
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Noble

CERTIFICATE OF DEATH

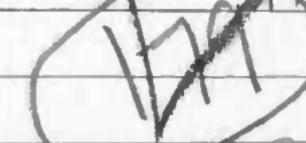
|  |   |  |                        |                |                 |  |
|--|---|--|------------------------|----------------|-----------------|--|
| Died at <u>near Preston</u>                          |   | Town   | County <u>Caroline</u> |                | MARYLAND        |  |
| Date of death <u>1907</u>                            | Month <u>1</u>                                | Day <u>16</u>                                    | Age <u>—</u>           | Years <u>—</u> | Months <u>—</u> | Days <u>3</u>  |
| Sex <u>Male</u>                                      | Color or Race <u>Colored</u>                  | Birth-place <u>near Preston</u>                  |                        |                |                 |  |
| Occupation <u>—</u>                                  |   | Where Residing if not at place of death <u>—</u> |                        |                |                 |  |
| Married, Single or Widowed <u>—</u>                  | Name of Wife or Husband <u>—</u>              |  |                        |                |                 |  |
| Father's Name <u>Unknown</u>                         | Father's Birthplace <u>—</u>                  |  |                        |                |                 |  |
| Mother's Maiden Name <u>Annie V. Noble</u>           | Mother's Birthplace <u>Dor. Co. Md</u>        |  |                        |                |                 |  |
| Name of person giving Information <u>Wm E. Noble</u> | Name of relative deceased <u>Grand father</u> |  |                        |                |                 |  |

CAUSES OF DEATH

Primary

Unknown

How long



Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

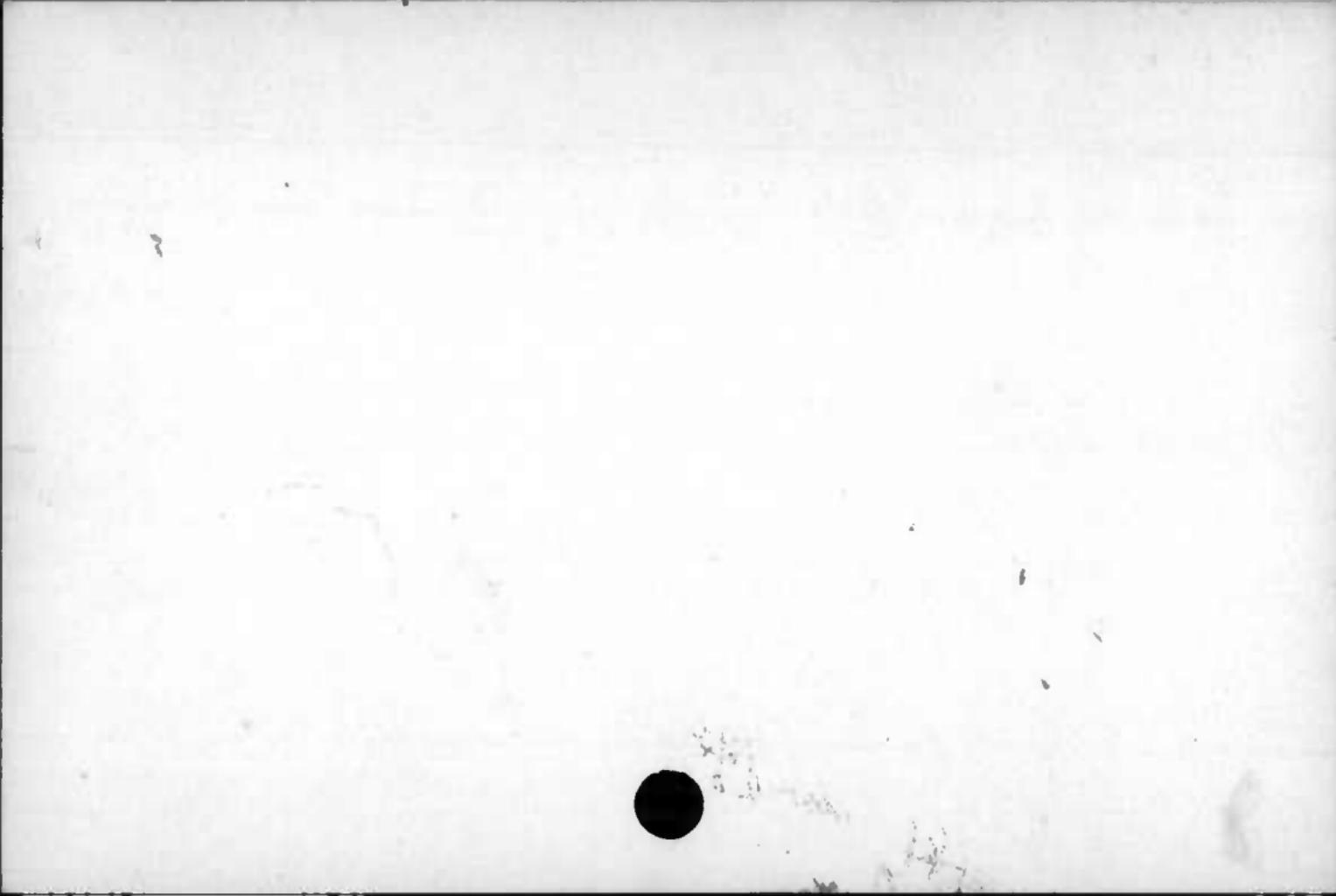
Yes

Signature of Physician

Address

Chas B. Harrison Jr.  
Preston  
Md

Accident or Suicide?



Name  
in  
Full

Levi Calvin Reber

CERTIFICATE OF DEATH

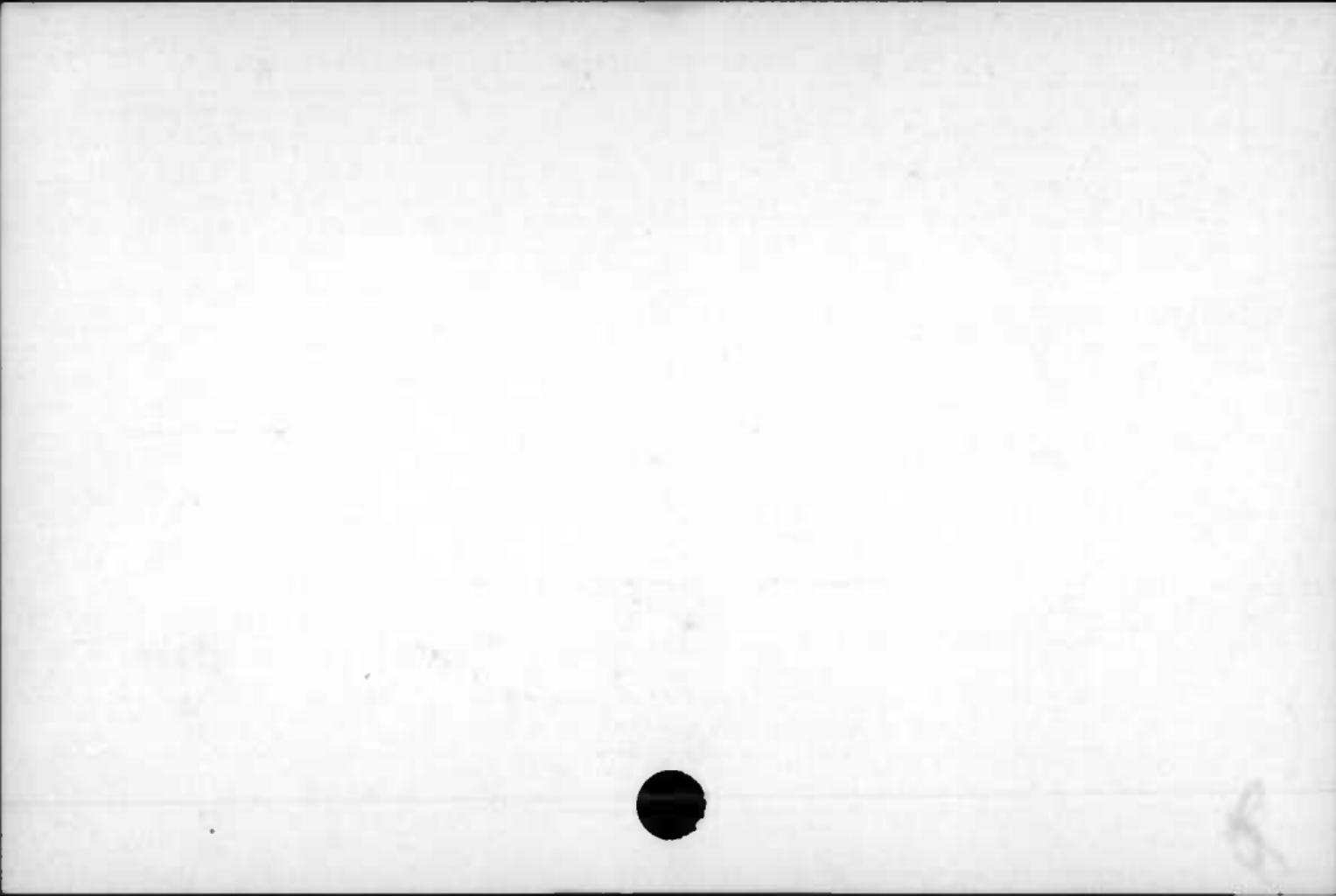
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                           |                      |  |                                  |        |  |
|--|---------------------------|----------------------|--|----------------------------------|--------|--|
| Died at                                      | Town                      | Caroline             | County   | MARYLAND                         |        |  |
| Date of death 1907                           | Month Jan                 | Day 2                | Years 7  | Months 11                        | Days 6 |  |
| Sex Male                                     | Color or Race White       | Birth-place Maryland | Where Residing if not at place of death Maryland |                                  |        |  |
| Occupation School chaser                     |                           |                      |  |                                  |        |  |
| Married, Single or Widowed Single            | Name of Wife or Husband — |                      |  |                                  |        |  |
| Father's Name A.C. Reber                     |                           |                      |  | Father's Birthplace Pennsylvania |        |  |
| Mother's Maiden Name Ada King                |                           |                      |  | Mother's Birthplace              |        |  |
| Name of person giving Information A.C. Reber |                           |                      |  | How related to deceased Father   |        |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                  |   |
|--|------------------|---|
| Primary  | Membranous Croup | How long 2 days   |
| Immediate  | Exhaustion       | How long  |
| Are the name, age, sex, color, date and place correctly given above? Yes |                  | Signature of Physician                                    |
|  |                  | Address   |
| Accident or Suicide?   |                  | Monroe George M. & D<br>Walter Caroline Bixby<br>Maryland |



Name  
in  
Full

Erna Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |               |                        |          |
|---|---|---------------|------------------------|----------|
| Died at <u>Federalsburg</u>                         |   | Town          | County <u>Caroline</u> | MARYLAND |
| Date of death <u>1907</u>                           | Month <u>Jan</u>                        | Day <u>19</u> | Years <u>11</u>        | Months   |
| Sex <u>female</u>                                   | Color or Race <u>white</u>              | Age <u>11</u> | Birth-place <u>md</u>  | Days     |
| Occupation <u>student</u>                           | Where Residing if not at place of death |               |                        |          |
| Married, Single or Widowed <u>single</u>            | Name of Wife or Husband                 |               |                        |          |
| Father's Name <u>Fred Scott</u>                     | Father's Birthplace <u>md</u>           |               |                        |          |
| Mother's Maiden Name <u>Lena Wilson</u>             | Mother's Birthplace <u>md</u>           |               |                        |          |
| Name of person giving Information <u>Fred Scott</u> | How related to deceased <u>father</u>   |               |                        |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid

How long

3 weeks

Immediate

1

How long

Are the name, age, sex, color, date and place correctly given above?

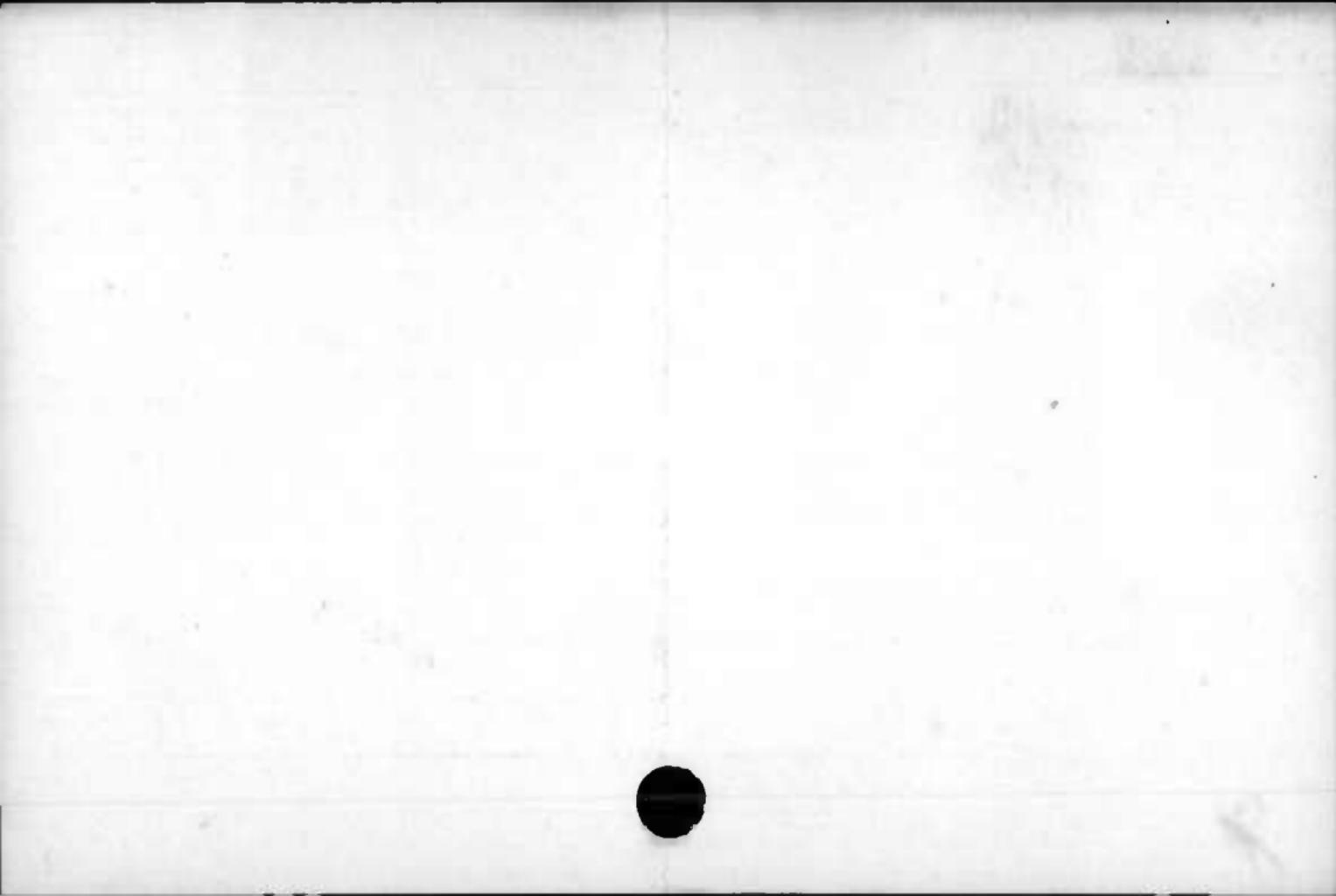
yes

Signature of Physician

Address

J. Jefferson  
Federalsburg md

Accident or Suicide?



Name  
in  
Full

Phoebe Wheatley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                      |  |                            |           |          |        |
|--------------------------------------|--|----------------------------|-----------|----------|--------|
| Died at                              | Town                                       | County                     | MARYLAND  |          |        |
| Date<br>of death 1907                | Month 1                                    | Day 11                     | Years 59  | Months - | Days - |
| Sex Female                           | Color or<br>Race Negro                     | Birth-<br>place            | Went know |          |        |
| Occupation                           | Where Residing if not<br>at place of death |                            |           |          |        |
| Married, Single<br>or Widowed        | Name of Wife or<br>Husband                 | Robt Wheatley              |           |          |        |
| Father's<br>Name                     | Went know                                  | Father's<br>Birthplace     | Went know |          |        |
| Mother's<br>Maiden Name              | "  | Mother's<br>Birthplace     | " "       |          |        |
| Name of person giving<br>Information | Robt Wheatley                              | How related<br>to deceased | Husband   |          |        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

Three weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

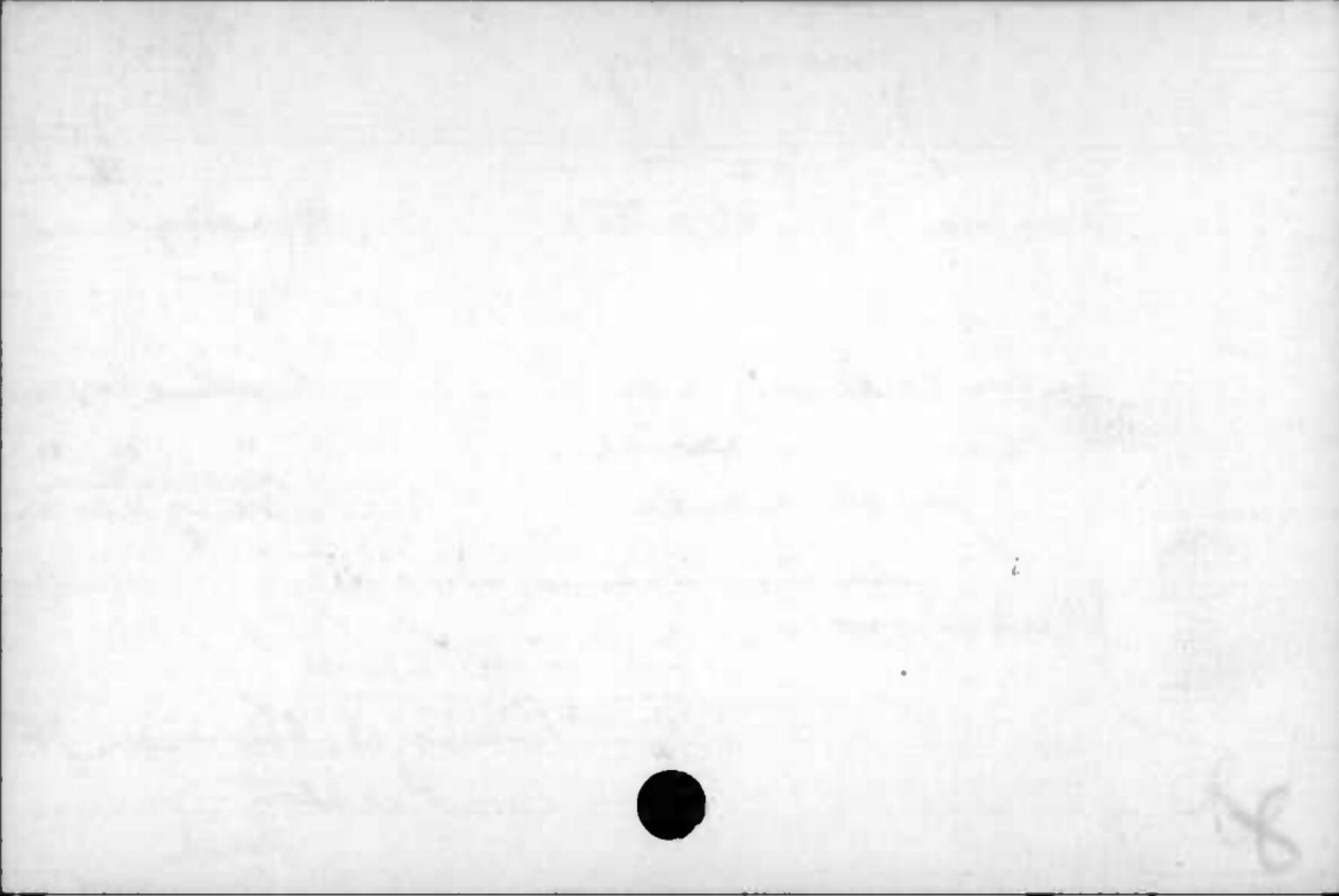
Signature of  
Physician

Wm. Jones Undertaker  
permission by Dr George  
over phone

J

Yes

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Willoughby  
Town  
County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death 1907

Month

Day

Years

Months

Days

Age

4

Sex

Female

Color or  
Race

white

Birth-  
place

maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Willoughby

Father's  
Birthplace

Caroline Co, Md

Mother's  
Maiden Name

Laura Carroll

Mother's  
Birthplace

" " "

Name of person giving  
Information

Jacob Reese

How related  
to deceased

" relation  
neighbor

CAUSES OF DEATH

Primary

Unknown

How long

179

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Chas. B. Harrison Jr  
Preston  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

